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2005 MAR 15 PM 12:38

State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	St. Vincent's Medical Center	
Doing Business As	St. Vincent's Immediate Health	
Name of Parent Corporation	St. Vincent's Health Services	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	2800 Main St. Bridgeport, CT 06606	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	John M. Ahle Senior Vice President/CFO	
Contact person's street mailing address	2800 Main St. Bridgeport, CT 06606	
Contact person's phone, fax and e-mail address	jahle@svhs-ct.org 203 576-5551 203 576-5345	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Monroe Immediate Health Care Center

- b. Location of proposal (Town including street address):

401 Monroe Turnpike, Monroe CT 06606

- c. List all the municipalities this project is intended to serve:

Monroe, Trumbull, Shelton

- d. Estimated starting date for the project:

July 15, 2005

- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

☐ ☐ Acute Care Hospital

☐ ☐ Behavioral Health Provider

☐ ☐ Hospital Affiliate

E P

☐ ☐ Imaging Center

☐ ☐ Ambulatory Surgery Center

☐ ☒ Other specify):

E P

☐ ☐ Cancer Center

☐ ☐ Primary Care Clinic

SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost:
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$165,000.00
Medical Equipment (Purchase)	\$35,000.00
Imaging Equipment (Purchase)	\$128,150.00
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$328,150.00
Fair Market Value of Leased Equipment	

Total Capital Cost	\$360,850.00
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Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
X-Ray Table System	attached		1.00	

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☒ Operating Funds
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify):

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

SECTION V. AFFIDAVIT

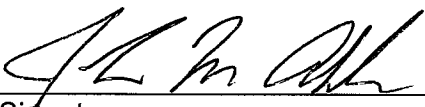
Applicant: John M. Ahle

Project Title: Monroe Immediate Health Care Center


I, John M. Ahle, CFO
(Name) (Position – CEO or CFO)

of St. Vincent's Medical Center being duly sworn, depose and state that the
information provided in this CON Determination form is true and accurate to the best of my
knowledge, and that St. Vincent's complies with the appropriate
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General Statutes.

 3/7/05
Signature Date

Subscribed and sworn to before me on MARCH 7, 2005


Notary Public/Commissioner of Superior Court

My commission expires: MAY 31, 2006

PARKER X-RAY SOLUTION SERVICE, INC.

260 Governor Street, P.O. Box 280505, East Hartford, Connecticut 06128-0505

Proposal #04048

May 24, 2004

St. Vincents Medical Center
2800 Main Street
Bridgeport CT 06606

INFINITY ELEVATING TABLE SYSTEM

HF-30 HF-30 HIGH-FREQUENCY GENERATOR

30 kW/ 125kVp
40 to 125kV in 1 kV steps
mAs range: 1.0 – 500
Digital kV and mAs display
Isowatt design minimizes exposures

X-RAY TUBE

140,000 Heat Unit capacity
1.0-2.0mm focal spot size
125 kVp capable

XK3375-20 HIGH-VOLTAGE CABLES

One pair, 20 ft. long with Federal Terminals

X3308BM ROTATIONAL TUBE STAND

Floor to ceiling or floor to wall mounted
8 foot tracks
Electric locks
9 feet of transverse travel and 180 degree column rotation
Fits in ceiling heights of 94" to 116"
Trunnion Mount

X3546-17GC WALL HOLDER GRID CABINET

85" fully counterbalanced cassette holder
17"x17" grid cabinet with front panel

XNS-1001 Midwest Heavy Duty Manual Tray (table & wallholder)
10:1, 178 Line grid 40"-72" focal range (CR Grid)

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HEALTH CARE ACCESS

Page 1 of 2
Proposal #04048
Name
Date 5-24-04

RADIOGRAPHIC EQUIPMENT, ACCESSORIES, AND SUPPLIES

East Hartford (860) 528-7114

Fax (860) 289-6056

In Connecticut 1-800-828-8935

HOSPITAL- ST VINCENTS MEDICAL CENTER
VENDOR- PARKER X-RAY (KODAK PRODUCTS) 46365
P.O. BOX 8505

EAST HARTFORD CT 06108
PHONE# (800)828-8935
FAX# 860-288-6056
CUST ID

SHIP TO-
ST VINCENTS MEDICAL CENTER
2800 MAIN STREET

BRIDGEPORT CT 06606
PHONE# (203)575-5212
TAX ID EC1307

PURCHASE ORDER NO. C678866

PAGE 1

TERMS		SHIPPING		CARRIER		CONTAINED WITH		ORD DEPT		Mon- W ORDERED DUE DATE	
NET 45 DAYS		DEST/INCLUDED						WALK-IN BRID		5/14/2004 5/19/04	
LINE	QTY	UNIT	DESCRIPTION	CATALOG NO.	MANUFACTURER NO.	ITEM NO.	DEPT	UNIT-PACK	UNIT PRICE	EXTD PRICE	GL NO.
1	1	EA	TO INCLUDE ALL ON PROPOSAL 04048 PROPOSAL 04048						128150.00	128150.00	
						7272			12411000		

HF-30 HT-30 HIGH-FREQUENCY GENERATOR

X-RAY TUBE

XK3375-20 HIGH VOLTAGE CABLES

K3308EM ROTATIONAL TUBE STAND

K3546-175C WALL HOLDER GRID CABINET

XHS-1001

K5680R ELEVATING FLOAT TOP RADIOGRAPHIC

KC150 COLLIMATOR

6507196 KODAK CR500

1528742 KODAK 8100 LASER IMAGER

** TOTAL ** 128,150.00

BUYER: AVIEIRA

SIGNATURE:

CAPITAL 2005-7273-210*NOTE LOCATION MONROE
USE 7272 BECAUSE 7273 NOT SET UP

COPY- 1

ST. VINCENT'S IMMEDIATE HEALTH CARE
DESCRIPTION OF PROPOSED PROJECT TO OPEN
AN URGENT CARE CENTER AT
401 MONROE TURNPIKE
MONROE, CT 06468

EXISTING SERVICES:

Currently St. Vincent's offers no services in this location.

PROPOSED SERVICES:

The project will add a fourth (4th) Immediate Health Care Center to the St. Vincent's Operating Certificate.

Services to be offered will be the same as the Shelton, Fairfield and Bridgeport Centers.

These include:

- X-Ray
- Diagnosis and management of urgent-non-life-threatening conditions including
 - Strains, sprains, fractures
 - Lacerations
 - Asthma and upper respiratory infections
 - Gastrointestinal upsets
 - Insect bites
 - Sunburn
 - School, sports and work physicals
 - DOT physicals
 - Urine drug screening
 - Immunization

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Hours of Operation: 8:00 am to 7:30 pm Monday through Friday 9:00 am to 7:00 pm Saturday and 9:00 am to 5:00 pm Sunday.

Closed Christmas Day and Thanksgiving.

FACILITY FEE: Billing will be on a UB 92 and a facility fee will be charged.

TARGET POPULATION TO BE SERVED:

The general population living in nearby areas of Monroe, Shelton and Trumbull who require such services.

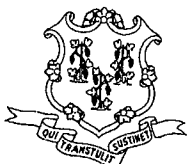
WHO WILL PROVIDE SERVICE:

Services will be provided by a health care team comprised of a Board Certified or Eligible Physician, a licensed nurse, a licensed X-Ray Technician and support clerical staff. EKGs and X-Rays will be transported to the Medical Center for reading and report by a Cardiologist or Radiologist. Lab specimens will be collected and sent to an outside laboratory.

PAYER MIX

The payer mix of the existing Immediate Health Care Centers is as follows:

Medicare and Managed Medicare	14%
Medicaid and Managed Medicaid	8%
Commercial Insurance	16%
HMO	34%
Workers Comp and Mgd WC	17%
Self Pay	10%



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

April 13, 2005

John M. Ahle
Senior Vice President/ CFO
Saint Vincent's Medical Center
2800 Main Street
Bridgeport, CT 06606

RE: Certificate of Need Determination; Report Number: 05-30455-DTR
Saint Vincent's Medical Center
Establishment of an Intermediate Health Care Center in Monroe, CT

Dear Mr. Ahle:

On March 15, 2005, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the proposal of Saint Vincent's Medical Center to establish an Intermediate Health Care Center in Monroe, Connecticut, at a total proposed capital expenditure of \$360,850. OHCA has reviewed the information contained in your CON Determination request letter and makes the following findings:

1. Saint Vincent's Medical Center ("Hospital") is an acute care, general hospital located at 2800 Main Street in Bridgeport, Connecticut. The Hospital is a health care facility or institution as defined in Section 19a-630 of the Connecticut General Statutes ("C.G.S.").
2. The Hospital operates three walk-in health centers under its existing license as three separate outpatient satellite sites. The walk-in health centers or Intermediate Health Care Centers are located in Bridgeport, Fairfield and Shelton.
3. Each intermediate care center offers treatment for routine and urgent medical conditions with no appointment necessary. In addition, they perform physical examinations, drug testing and treatment for workers' compensation injuries. The centers are equipped to provide radiological services.

An Equal Opportunity Employer
410 Capitol Ave., MS#13HCA, P.O. Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

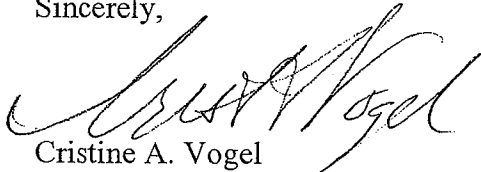
4. The Hospital is proposing to establish the Monroe Intermediate Health Care Center at 401 Monroe Turnpike in Monroe, Connecticut.
5. The proposed intermediate care center will provide essentially the same services as is offered at the Hospital's other three health care centers. The center will operate on the following schedule: 8:00 am to 7:30 pm Monday through Friday; 9:00 am to 7:00 pm on Saturdays and 9:00 am to 5:00 pm on Sundays.
6. Services will be provided by the Center's health care team comprised of a board certified or eligible physician, a licensed nurse, a licensed x-ray technician and support clerical staff. Radiological films will be transported to the Hospital to be read and report upon by a licensed radiologist.
7. The proposed center will serve individuals residing and/or working in Monroe and the surrounding Connecticut towns of Shelton and Trumbull.
8. The total proposed capital cost associated with the proposal is \$360,850. The proposed expenditures consist of the following components:
 - \$165,000 in renovation work;
 - \$128,150 in imaging equipment;
 - \$35,000 in medical equipment; and
 - \$32,700 in other capital costs.
9. The Hospital plans to finance the proposal from available operating funds.
10. Billing for health services rendered by clinicians at the proposed center will be made on a UB 92 form and a facility fee will be charged to the patients examined and/or treated at the center.
11. The estimated start date for the service is July 15, 2005.
12. On March 26, 1997, the Hospital received from OHCA a CON determination, which was issued under Report Number: 97-R. The determination provided that the Hospital was required to seek and obtain CON authorization before it could move forward with its proposal to acquire and operate three walk-in centers with one center each in Bridgeport, Fairfield and Shelton.
13. On September 30, 1997, under a CON application filed under Docket Number 97-539, OHCA granted the Hospital CON authorization to proceed with the acquisition and operation of the three walk-in centers at a total capital cost of \$794,187, representing the estimated fair market value of the leased building space for the proposed service centers.

Based on the above findings, OHCA has determined that the proposed establishment of the Monroe Intermediate Health Care Center represents an additional function or service for the Hospital pursuant to Section 19a-638 of the Connecticut General Statutes. Therefore, Saint Vincent's Medical Center is required to seek and obtain Certificate of Need approval for the establishment of an intermediate health care center in Monroe, Connecticut, pursuant to Section 19a-638 of the Connecticut General Statutes.

OHCA considers the submission of information received on March 15, 2005 as the Letter of Intent for this matter; therefore Saint Vincent's Medical Center may file a completed CON application with OHCA between May 14, 2005, and July 13, 2005. The CON application is being mailed to your attention separately.

If you have any questions regarding the above, please contact Jack A. Huber, OHCA Health Care Analyst at (860) 418-7034.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cristine A. Vogel".

Cristine A. Vogel
Commissioner